

Purchasing Prescription Medication in Mexico Without a Prescription

The Experience at the Border

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Prescription medication can often be purchased in Mexico without a physician's prescription. United States residents living along the border may have access to dangerous medications by crossing the border and purchasing them in Mexican pharmacies. We sought to determine the extent and frequency of this behavior in a sample of our ambulatory clinic population. Patients from the Texas Tech University Internal Medicine Clinic were surveyed to collect information about their use of medications, use of alternative sources of health care in Mexico, and purchasing of prescription medication in Juarez, Mexico. More than 80% of patients stated they had purchased prescription-type medication at a pharmacy without a physician's prescription. The most common reasons for buying prescription medication in Mexico were because it was less expensive or because a prescription was not necessary. These data indicate a potential for US residents along the border to take medications in an unregulated manner, a practice that could pose problems for health care providers on both sides of the border.

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The delivery of health care on the United States-Mexico border presents unique challenges. In terms of disease and illness, the border is not clearly defined. Diseases that are unusual in other parts of the United States, such as neurocysticercosis, are common along the border,¹ while others such as tuberculosis, hepatitis, and infectious diarrhea are found in higher incidence.² The proximity of the two nations allows easy access to the health care systems of both countries. For example, curanderos, or faith healers, are an accepted form of alternative health care for many Mexicans and Mexican Americans.^{3,4} Herbal medicines, which are used to treat many maladies, can be purchased in Mexico at small shops called "hierberias."⁵ Finally, medications that can be sold in the United States only by prescription are obtained easily in Mexican pharmacies without a physician's prescription. Although selling prescription medication without a prescription is technically illegal in Mexico, this practice is widespread.⁶ Thus, patients from the United States can cross the border and purchase potentially dangerous medications simply by asking for them at a Mexican pharmacy. Physicians who practice medicine near the Mexican border see this as a common occurrence and occasionally see serious medical complications resulting from this practice.⁷

El Paso (population 515,000) is the largest US city on the border. It is situated on the Rio Grande directly across from Juarez, the largest Mexican city on the border (population 1.2 million). We wanted to determine the frequency with which our El Paso clinic patients were obtaining medications in Juarez. We conducted a pilot study to quantify this behavior and to determine the consequences of it.

Methods

To compile the data for this study, a questionnaire consisting of 21 questions was developed, with 13 additional demo-

graphic questions included. The patient population for this questionnaire consisted of outpatients in the Internal Medicine Clinic at the Texas Tech University Health Sciences Center in El Paso. Patients were asked if they wished to participate while in the waiting area of the clinic. Patients were selected nonsystematically for the survey, which was done over a one-month period. The purpose of the questionnaire was explained, an estimate was given of the length of time required to answer the questionnaire, and patients were then asked if they would like to participate.

Participation was voluntary, and no further information was collected from those who refused to take part. Patients who agreed to participate were taken to a private room where the questionnaire was answered using a directed interview technique. The interviewer was a bilingual health care employee who was familiar with medical terminology. The questionnaire was available in both English and Spanish, and patients who could not understand English were interviewed in Spanish. The questionnaire was pretested in a small sample of patients to verify patient understanding and identify ambiguous questions.

The questions were in four categories. One set of questions sought data on patient demographics, while another set of questions gathered information on patients' attitudes about their own medication-taking behavior. Three questions requested information about alternative sources of health care for patients, and the final 13 questions were directed at obtaining information relating to the purchase of prescription medication in Mexico.

Results

Of the 79 patients interviewed, 32 were questioned in English and 47 in Spanish. For questions that could be answered with more than one response, all responses were

TABLE 1.—Profile of Respondents to Medication Questionnaire in an El Paso, Texas Clinic

Characteristic	N (%)	Characteristic	N (%)	Characteristic	N (%)
Age, yr ± S.D.	52 ± 17	Financial support		Country of education	
Sex		Spouse	19 (34)	United States	31 (41)
Male	16 (20)	Social Security	22 (39)	Mexico	45 (59)
Female	63 (80)	Pension	6 (11)	Marital status	
Race		Disability	1 (2)	Single	17 (22)
Black	3 (4)	Family	5 (9)	Married	55 (70)
White	76 (96)	Social assistance	3 (5)	Divorced	7 (8)
Ethnic group		Health insurance		Children, no. ± S.D.	4.5 ± 3.0
Hispanic	73 (92)	None	44 (56)	American citizenship	
Non-Hispanic	6 (8)	Medicare	19 (24)	Yes	45 (58)
Employment status		Medicaid	7 (9)	No	22 (42)
Employed	16 (20)	Other	8 (10)		
Unemployed	63 (80)	Education—highest level attained			
		No formal schooling	1 (1)		
		3rd grade	7 (11)		
		6th grade	29 (45)		
		High school w/o diploma	2 (3)		
		High school with diploma	14 (21)		
		College	5 (7)		
		Other	7 (11)		

recorded. Not all patients responded to every question. Demographic information is presented in Table 1.

Table 2 shows the responses to questions about patient medication. In all, 70% of the patients stated they took medications on a daily basis, and almost all patients stated they took their medications as they were supposed to (97%), that they believed the medication was effective (96%), and that they preferred to take medication orally (88%).

As expected, most (72%) of the patients stated that they received their health care from a health clinic in Texas (Table 3). None of the patients, however, stated they were using alternative health care delivery systems offered in Mexico, such as a curandero or a sobador (one who heals by physical manipulation). Although none of the patients stated they were attending a health clinic in Mexico, 22% said they saw a private physician in Mexico regularly. The most common reasons for seeking medical care in Mexico were less expensive medical care (42%) and easier access to health care (39%).

Of the patients, 81% stated that they had purchased medications in Mexico at one time or another, and 79% stated they were still purchasing medications in Mexico (Table 4). A total of 55% said they purchased medications in Mexico at least several times. In all, 60% of the patients stated

that 75% of the patients purchased medications without a prescription from a pharmacy in Mexico, while 25% did so with a physician's prescription. Of those patients who responded, 72% stated that the medication was recommended to them by an individual other than a physician, that is, a pharmacist, friend or relative, or themselves. In response to the question "Why do you buy medicine in Juarez?" 49% of the patients said that they did so because it was less expensive, and 20% because they didn't need a prescription. When asked "Do you know other people who buy medicines in Juarez?" 81% of the patients answered "yes." The types of medications purchased in Mexico varied (Table 4, Figure 1), but the two most common classes of medications purchased were blood pressure medications and antibiotics.

Only 11% of patients said they had experienced a side effect at one time or another from the medication that they purchased, and two patients (3%) stated they required hospitalization for such side effects. The majority of patients (57%) felt that medications purchased in Mexico and the United States were of equal quality, and most (88%) stated they received advice about side effects and dosage of medications when they bought medicines in either the United States or Mexico. There was no significant correlation between purchasing medication in Mexico and Hispanic ethnicity

pattern of health care behavior is practiced in urban populations, but healers are used less often and Western medicine more commonly.⁸

The potential benefits of traditional health practices depend on the patient's condition and the type of practice used. For example, their use may provide the sufferer, who may feel helpless, with a sense of partial control. The attention given to patients by those administering these practices is comforting and may itself be therapeutic. In addition, a placebo effect may have a beneficial effect on minor or self-limiting disorders. These practices also may be harmful, however, because further feelings of hopelessness may result if the treatment fails to resolve the condition. This may be exacerbated by the belief that the failure of a given practice is the fault of the patient. More important, using traditional health practices may be detrimental if patients delay seeking medical care for treatable conditions or if the practices in-

and a dermatology consultation, before it became evident that her hair loss was the result of pulling hair at the crown and top of the head to treat headaches.

Conclusion

Increasing awareness and knowledge of traditional health practices should help physicians appreciate a patient's perception of Western medicine. Physicians should maintain a nonjudgmental attitude toward such practices while seeking information from patients about which traditional health practices and Western medications are being used. Good patient care may necessitate the use or tolerance of both modalities in many Southeast Asian refugees.

REFERENCES

1. Miles D: Prophylactic medicine and kin units among Yao ancestor worshippers. *Mankind* 1973; 9:77-88

TABLE 3.—Source of Health Care			
Question	Response	N	(%)
Where do you go for medical care?	Private physician in El Paso	5	(5)
	Private physician in Juarez	22	(22)
	Local clinic	73	(72)
	Clinic in Juarez	0	
	Chiropractor	0	
	Curandero	0	
	Sobador	0	
	Pharmacist in Juarez	1	(1)
Do you receive medical care in Juarez, and, if so, how often? ...	No	46	(61)
	Yes	29	(39)
	Once/wk	1	
	Once/mo	3	
	Once/yr	6	
	Other	19	
Why do you go to Juarez for medical care?.....	Less expensive	14	(42)
	Easier access to health care	13	(39)
	Convenience	1	(3)
	Physicians and nurses relate better to you	2	(6)
	Other	3	(9)

Discussion

Only one report that we are aware of has examined medication use by residents of the United States purchasing their medications in Mexico. Tabet and Wiese⁸ surveyed patients in a rural health clinic 28 miles from the US-Mexican border and in an urban private clinic 40 miles from the border. Their findings were similar to ours. Our study provides more detailed data about this behavior and specifically addresses the issue of prescription medication purchased without a physi-

cian's advice. While this type of behavior is well known to practitioners in El Paso, it has never been quantified. The results of this study, even though the sample size is small, suggest that this type of behavior is widespread.

These data are important when one considers the large number of patients who are purchasing potentially dangerous medications without prescriptions in Mexico. One could argue that this behavior may be beneficial because it may help financially disadvantaged patients to obtain medications. Al-



Figure 1.—Some medications purchased in Mexico without a prescription are (left to right from top to bottom) Atisuril Plus (combination of probenecid and allopurinol), Artridol (combination of indomethacin, betamethasone, and methocarbamol), Mellitron (combination of metformin and chlorpropamide), Lincocin (lincomycin hydrochloride, injectable, purchased with a syringe), Beserol (antipyrene), and Neo-Melubrina (dipyrone).

Metformin is a biguanide similar to phenformin and is not available in the United States. Phenformin has been removed from the market in the United States by the US Food and Drug Administration. Antipyrene and dipyrone are pyrazolon derivatives that have been prohibited from use in the United States. They are analgesics that can cause fatal agranulocytosis.

though we have no data on hospital admissions in El Paso directly caused by complications from medications purchased in Mexico, our own experience suggests that serious medical problems do occur. For example, we have seen patients taking nonprescribed antibiotics who have severe allergic reactions.⁷ One patient was transferred from our hospital for a bone marrow transplant after dipyrone ingestion that was associated with aplastic anemia. Recently, we admitted a 52-year-old man with acute renal failure and a large, infected buttocks ulcer. The patient had been self-administering intramuscular injections of steroids purchased in Juarez and also had been taking combination medications of phenylbutazone (Butazolidin) and steroids, indomethacin, and a combination of allopurinol and probenecid, all purchased over the counter in Juarez.

There are several limitations to the present study. Because

it was designed as a pilot study, our sample size was small. A larger sample would provide useful confirmation. Although we suspect that the behavior we have described is prevalent in the El Paso population, our findings do not support this conclusion because our clinic population may not be representative of the El Paso population as a whole. For example, our sample was predominantly female, and our patients may have had more medical problems than the general population. Finally, we did not elicit specific information about the types of side effects experienced or the details surrounding admission to hospital.

Even with the above limitations, our results suggest that physicians along the US-Mexican border should be vigilant about the use of medications by their patients. A substantial number of medications in Mexico are either not approved for use in the United States (for example, phenformin) or contain

TABLE 4.—Prescription Medication Purchased in Mexico

Question	Response	N	(%)
Have you ever purchased medication in Juarez?	Yes	63	(81)
	No	15	(19)
Do you still purchase medication in Juarez?	Yes	50	(79)
	No	13	(21)
How often do you purchase medication in Juarez?	Once/mo or more	19	(32)
	Several times/yr	14	(23)
	Once/yr or less	3	(5)
	Other	24	(40)
Under what circumstances are the medications obtained?	Physician's prescription	17	(25)
	Clinic in Juarez	0	(0)
	Pharmacy in Juarez	51	(75)
	Other	0	(0)
Who recommended the medication to you?	Doctor	23	(28)
	Pharmacist	15	(19)
	Neighbor, friend, or relative	22	(27)
	Self	17	(21)
	Other	4	(5)
Why do you buy medicine in Juarez?	Less expensive	38	(49)
	Don't need prescription	16	(20)
	Medication not available in United States	3	(4)
	Convenience	8	(10)
	Better quality medicine	2	(3)
	Other	11	(14)
What types of medicines have you purchased in Juarez?	Blood pressure	11	(17)
	Diabetes	1	(2)
	Antibiotics	10	(16)
	Hormones	3	(5)
	Heart pills	0	(0)
	Arthritis	4	(6)
	Pain pills	2	(3)
	Other	32	(51)
Have you ever had side effects from these medications?	Yes	7	(11)
	No	57	(89)
Have you ever been hospitalized for side effects from medications purchased?	In Juarez	2	(3)
	In El Paso	0	(0)
	Never been hospitalized	61	(97)
If you compare medications purchased in Juarez with those purchased in El Paso	Those in Juarez are of higher quality	6	(10)
	Those in El Paso are of higher quality	8	(13)
	Equal quality	35	(57)
	No idea	12	(20)
Do you receive advice about side effects and dosage when you buy medicine in	Juarez only	0	(0)
	El Paso only	5	(8)
	Both	53	(88)
	Neither	2	(4)
When was the last time you purchased medications in Juarez?	Within the last wk	18	(28)
	Within the last mo	26	(41)
	Within the last 6 mo	8	(13)
	Within the last yr	6	(9)
	More than 1 yr ago	6	(9)
Do you know other people who buy medicine in Juarez?	Yes	52	(81)
	No	12	(19)

unusual combinations of medications that US physicians are not accustomed to using (for example, steroids in combination with nonsteroidal anti-inflammatory agents). Physicians practicing along the border may find it useful to have a copy of the *Diccionario de Especialidades Farmaceuticas*, the Mexican equivalent of the *Physicians' Desk Reference*.

From the results of this study, several conclusions can be made about the patients in our sample population:

- There was no substantial use of alternative health care, such as curanderos.
- Buying prescription medication in Mexico without a prescription is a common practice and is done frequently. The patient usually buys the medication on the advice of someone other than a physician.
- Patients buy medications in Mexico because they are less expensive there and a physician's prescription is not needed.
- Side effects do occur from this practice and may lead to a hospital stay.

Further study is needed to clarify the importance of this last finding.

Although the information from this study is most pertinent to physicians who practice at or near the border, it also is important for physicians in other areas of the United States because many Mexican-Americans migrate to areas distant from the border. In addition, tourists returning from a visit to Mexico may bring medications with them.⁹

REFERENCES

1. Scharf D: Neurocysticercosis—Two hundred thirty-eight cases from a California hospital. *Arch Neurol* 1988; 45:777-780
2. Health Care: Availability in the Texas-Mexico Border Area. Government Accounting Office publication HRD-89-12, Oct 26, 1988, p 24
3. Chesney AP, Thompson BL, Guevara A, Angela V, Schottstadt MF: Mexican-American folk medicine: Implications for the family physician. *J Fam Prac* 1980; 11:567-574
4. Maduro R: Curanderismo and latino views of disease and curing. *West J Med* 1983; 139:868-874
5. Ripley G: Mexican-American folk remedies: Their place in health care. *Tex Med* 1986; 82:41-44
6. Silverman M: Discussion: The epidemiology of drug promotion, chap 9. *In* The Drugging of the Americas. Berkeley, California, University of California Press, 1976, p 124
7. Casner PR: Antibiotics over the counter and across the border. *Ann Intern Med* 1984; 100:462-463
8. Tabet SR, Wiese WH: Medications obtained in Mexico by patients in southern Mexico. *South Med J* 1990; 83:271-273
9. Rubin BK, LeGatt DF, Andette RJ: The Mexican asthma cure—Systemic steroids for gullible gringos. *Chest* 1990; 97:959-961